ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Community Hospital East

City: Indianapolis   County: Marion   Year: **2003**

Provider Type: General Acute

I. Inpatient Care			
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	12	1,618	3,950	$2,519
ICU Med/Surg	60	1,038	7,431	$9,339
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	149	4,541	19,597	$3,329
Neonatal Intermed	0	0	0	$0
Obstetrics	20	2,444	3,071	$2,886
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	44	716	8,196	$6,970
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	62	857	10,729	NA
Acute Subtotal	347	11,214	52,974	NA
Normal Newborn	17	1,005	2,364	$1,958

II. Outpatient Visits

Circulatory System	7,801	Digestive System	4,306
Endocrine System	7,737	Injuries and Poison	12,446
Mental Disorder	999	Musculoskeletal	15,121
Neoplasms	2,682	Nervous	4,098
Respiratory	8,765	Urinary	6,434
Other/Unknown	42,562	Total Visits	112,951
Number of Visits to Emergency Department			44,402
Percent of Emergency Department Visits of Total Visits			39.3%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
Y - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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